

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 PM 8:25

DOCUMENT # P92000004675 (4)

1. Corporation Name

SPINNING WHEELS INTERNATIONAL, INC.

Principal Place of Business

4851 NW 103 AVE
STE 19
SUNRISE FL 33351
US

Mailing Address

PO BOX 15342
PLANTATION FL 33318
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1992

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0370036

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 4891 NW 103 AVE

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Suite 19

Suite, Apt. #, etc.

27

City & State

23 Sunrise

City & State

28

Zip

24 33351

Country

25 U.S.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

RIVERA, ANGEL
4851 NW 103 AVE
STE 19
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RIVERA, ANGEL
STREET ADDRESS 1873 N.W. 96TH AVE.
CITY, ST, ZIP PLANTATION FL 33322

TITLE SD
NAME RIVERA, MARIA
STREET ADDRESS 1873 N.W. 96TH AVE.
CITY, ST, ZIP PLANTATION FL 33322

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angel Rivera

2/26/95 (305) 370-1256

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P92000004894 (1)

1. Corporation Name

ISLAND PREMIUM FINANCE CORPORATION

Principal Place of Business

11811 AVE. OF THE PGA
APT. 2-1-E
PALM BEACH GARDENS FL 33418
US

Mailing Address

P.O. BOX 14215
N. PALM BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1992

3a. Date of Last Report

04/29/1994

4. FBI Number

65-0371610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

VALECHE, HAL R
11811 AVE. OF THE PGA
APT. 2-1-E
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

Signature typed or printed name of registered agent and title if applicable

(Title)

12. OFFICERS AND DIRECTORS

1. TITLE PD
2. NAME VALECHE, HAL R.
3. STREET ADDRESS 11811 AVE OF THE P.G.A., APT. 2-1-E
4. CITY, ST, ZIP PALM BEACH GARDENS FL

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. 1. TITLE
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY, ST, ZIP

5. 5. TITLE
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY, ST, ZIP

9. 9. TITLE
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY, ST, ZIP

13. 13. TITLE
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY, ST, ZIP

17. 17. TITLE
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. CITY, ST, ZIP

21. 21. TITLE
22. 22. NAME
23. 23. STREET ADDRESS
24. 24. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (rechanged), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/95

407 626-1914